

Powerful questions, powerful results

New approaches to strategic communication in Scotland have helped develop leadership for *Realising Potential*, hears **Andrew Mickel**

It's all well and good to create new policy documents in central government, but how do you go about making ideas on a page come to life on a local level?

That was the challenge facing the team who developed *Realising Potential*, the Scottish Government's action plan for AHPs in mental health: how to give newly-appointed AHP leads for mental health the leadership skills necessary to push through the plan's recommendations.

Elaine Hunter, AHP adviser in the Scottish Government's mental health division, told a session at COT's annual conference that OTs' strengths have previously lay in other fields, but that a change in culture meant they had to step up to provide leadership themselves. 'All need to do leadership and be involved in policy,' she said. 'We need more leadership at all levels.'

The approach in Scotland was to provide training to give the new AHP leads skills they could use on the ground. In a nutshell, that meant pushing OT leaders to use a method



called appreciative inquiry – assessing an organisation for its strengths and working with them, rather than its weaknesses ('Don't ask what doesn't work – focus on what does,' says Elaine. 'Ask teams how they work best') – and within that method, to use powerful questions.

Powerful questions are intended to push people to think and give specific answers. Rather than open-ended 'yes/no' questions, they push people to answer 'how', 'why' and 'what' specific things are happening. And with much of the battle with *Realising Potential* based on trying to change people's minds on how to conduct mental health services, they have proven a crucial tool to get people to rethink topics they are familiar with.

They were used in training given to all the AHP leads for mental health in Scotland, who have gone on to use them with colleagues, bosses, service users and clients to get conversations moving in constructive directions.

Three OTs have told *OTnews* about their experiences of powerful questions and what differences they have made for reframing how they approach communication at work.

It's crucial to note that all three say they couldn't have achieved the results they have done without the training they received on the topic – but all are keen to extol the importance of all professionals providing leadership using such techniques.

Jane Fletcher

'We'd all been given the role of implementing the *Realising Potential* agenda within our health board area at a particularly difficult time,' says Jane Fletcher, AHP lead for mental health and learning disabilities in NHS Grampian. 'It's conflicting demands – everyone's very busy and to be heard is a challenge. For me, powerful questions was a very good tool for doing that.'

They first proved useful for Jane when talking with a forum that was convened to discuss *Realising Potential*, and she says they worked because they always force people to have an opinion.

Says Jane: 'I used an example from the training: what would you want for a relative? No matter what aspect you're

coming from, whether it's from management or service users, it's a question that's very levelling and makes you think outside the box and not in terms of budgets or resources any more. It makes people focus. It makes it very personal. And I think the wording of powerful questions makes them ones that people can't easily duck out of. It's really useful to use in situations you know will be difficult, as it can be a way of engaging different groups you are presenting to.'

Jane has also used them when presenting to the health board's clinical psychology department, asking questions such as: What would it mean to mental health service users if there was more collaborative working between psychology

and AHPs in mental health services? And to AHP managers, asking: How important is it for non-mental health AHPs to engage with the *Realising Potential* agenda? Again, the focus is on opening up conversations by forcing people to have opinions.

Says Jane: 'Prior to using them, I probably wouldn't have been quite as direct. They leave nowhere to hide. That's why I appreciate the training. We're quite new to using powerful questions but a lot of people we are speaking to are not used to being asked them either, which makes them more effective.'

Like the others, Jane says she has powerful questions in her pocket whenever she goes into meetings now.

Sandra Shafii

Sandra Shafii is one of three AHP consultants in dementia, with her role based in NHS Lanarkshire.

She says: 'I think we've basically forgotten how to ask good questions that illicit good answers to have a good conversation. I think it was the simplicity of it, but that's deceptive – it's not easy to create a powerful question, and you open up conversations with people, get discussions going. If you get the question right you do stimulate conversation and get good ideas. I've been to too many workshops where it's been quite dry and people haven't had an awful lot to say.'

Sandra used them at a Lanarkshire Links meeting to discuss the national dementia strategy, where local people brought their opinions on what the quality indicators should be to measure effective implementation on a local level.

She says: 'We're told in healthcare and strategy it's important to treat people with dignity and respect, and everyone goes, absolutely. So my powerful question is, how can we prove that we treat people with dignity and respect? And that's a much deeper question. It's very simple, but it created that thought and a much deeper conversation.'

Other questions asked by Sandra included: What is needed to help a person with dementia maintain a sense of self? And what practical things do you think we could do to reduce feelings of fear and anxiety and make it easier for people to seek help?

She says: 'People felt they could actually talk and engage with the workshops, they felt empowered to give their views and opinions in a very simple way. People felt

in no way intimidated by the agenda; they felt they had something to say and they would be listened to and heard.'

What's noticeable about the results of Jane's, but also with the next two case studies, is that the information they received from the process has been keenly observed by the professionals, rather than being viewed as information that has just been obtained under a box-ticking exercise.

Says Sandra: 'If I'm doing any workshops or work with people I'm so careful now how I ask the questions. I don't just ask, it would be interesting to find that out, I think, am I going to get useful information back on people's thoughts, feelings and perspectives? Am I going to get the richness of that response? I really do take time over the questions and it's changed my practice.'

Shelagh Creegan

Shelagh was appointed as an associate AHP director for mental health and learning disabilities in NHS Tayside in late 2010, and she says her ability to communicate at strategic levels was 'pretty non-existent' before powerful questions.

'Until I came into this post, I hadn't been in a situation where I'd gone into an influencing role, it was very much bread and butter OT,' she says. 'Moving into the associate role is more strategic and looking at trying to influence and take forward *Realising Potential*.'

She called on the training she had received when she was asked to present in front of the trust's joint clinical board for mental health and learning disabilities. While other speakers gave Powerpoint presentations, Shelagh organised the board into four groups and gave them each a powerful question to answer on flipcharts around the room.

The groups then passed around the room until everyone had thrown answers down for all four questions in a so-called 'world cafe' format that Shelagh had seen at the centrally-organised training.

'What it did do when everyone sat down again was the energy that the presentation had generated in the room – a lot of noise, laughter and chatter, which was different to the previous presentations.

'I took the four flipcharts away and analysed what was on them and used it to inform what the AHPs could bring to mental health services in Tayside.'

'I think what I got – and I don't know if the other speakers would have got this – was it allowed me to find out very quickly what the board was thinking and what the AHP contribution was to mental health. I thought vocational rehabilitation was maybe not a priority.

'To find out that the board did think vocational rehabilitation was important in a patient's recovery was good to know. I then felt confident that it was a direction to push the AHPs' contribution, taking it back to the board and knowing they were supportive.

'The bottom line is I wouldn't have had the confidence to stand up and do what I did before the training. It's a very different approach to what you have in strategic meetings. I used my basic OT group facilitation skills. They were skills I would be confident of using in the clinical setting, but not in a strategic setting.'

As with both other people *OTnews* spoke to, Shelagh says the training was key to giving her the confidence and skills to ask the right questions. 'I think a lot is about finding out about your own personal leadership and finding out what your strengths are, and how you use them to good effect.'

